



**King County**  
**Department of Development and Environmental Services**  
900 Oakesdale Avenue Southwest  
Renton, Washington 98055-1219  
206-296-6600 TTY 206-296-7217

**UNINCORPORATED  
KING COUNTY  
License Application  
Massage/Bath House**

Alternative formats available  
upon request

Application for businesses in **unincorporated** King County only

**APPLICATION FOR:**

- ☐ **Massage Business - \$150.00**  
☐ **Public Bathhouse - \$150.00**

(Send or bring application and fee to DDES at the address above.  
Make checks payable to King County Office of Finance.)

**Check one:** ☐ **New** ☐ **Renewal**

Name of Business \_\_\_\_\_

Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Applicant \_\_\_\_\_  
Name Date of Birth

Home Address \_\_\_\_\_

Own, rent, or lease business premises? \_\_\_\_\_

If not the owner, list owner \_\_\_\_\_

Do you own the business for which you seek this license? ☐ Yes ☐ No

If no, what relation to business: \_\_\_\_\_

Please describe in detail the nature of the business: \_\_\_\_\_

**Check the appropriate box:**

☐ **Sole-ownership** ☐ **Partnership** ☐ **Corporation** Name: \_\_\_\_\_

Please provide name, place of birth, and date of birth for owners, partners or officers:

1. \_\_\_\_\_  
Name: First Middle Last

\_\_\_\_\_ Date of Birth Place of Birth Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

2. \_\_\_\_\_  
Name: First Middle Last

\_\_\_\_\_ Date of Birth Place of Birth Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

3. \_\_\_\_\_  
Name: First Middle Last

\_\_\_\_\_ Date of Birth Place of Birth Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

4. \_\_\_\_\_  
Name: First Middle Last

\_\_\_\_\_ Date of Birth Place of Birth Title, i.e. owner or, If corp., Pres., V.P., Sec., Treas

State the name, address and date of birth of any other applicant who will share in the profit/loss of this business:

\_\_\_\_\_ Name Address Date of Birth

\_\_\_\_\_ Name Address Date of Birth

**Check out the DDES Web site at [www.metrokc.gov/ddes](http://www.metrokc.gov/ddes)**

Has the applicant or any other individual who will share in the profit/loss of this business been previously licensed by King County under this or any other name?   ☐ Yes   ☐ No

Name/Year/Location:\_\_\_\_\_

List all arrests and convictions of applicant, owner, partners and/or officers:

Name	Charge	Date	Place	Disposition

I, \_\_\_\_\_, being first duly sworn on oath, state that I am the above named applicant or the authorized representative of the firm, partnership, or corporation making the application for a King County \_\_\_\_\_ license, and I declare under penalties of perjury and/or revocation of any license granted, that the answers contained in the application and any accompanying information have been examined by me and that the matters and things set forth are true, correct, and completed. I further swear under penalty of perjury and/or revocation of any license granted that this business is in compliance with all applicable state and local laws governing the operation of this business. I further understand that there are no refunds of the license fee and that falsifications or omissions on the applications are grounds for the denial, suspension, or revocation of the license applied for.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Residing in

My Commission Expires:\_\_\_\_\_